



Post-Traumatic Stress Disorder

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1: Arch Gen Psychiatry. 2003 May;60(5):481-9.

Randomized trial of trauma-focused group therapy for posttraumatic stress disorder: results from a department of veterans affairs cooperative study.

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BACKGROUND: Department of Veterans Affairs Cooperative Study 420 is a randomized clinical trial of 2 methods of group psychotherapy for treating posttraumatic stress disorder (PTSD) in male Vietnam veterans. **METHODS:** Vietnam veterans (360 men) were randomly assigned to receive trauma-focused group psychotherapy or a present-centered comparison treatment that avoided trauma focus. Treatment was provided weekly to groups of 6 members for 30 weeks, followed by 5 monthly booster sessions. Severity of PTSD was the primary outcome. Additional measures were other psychiatric symptoms, functional status, quality of life, physical health, and service utilization. Follow-up assessments were conducted at the end of treatment (7 months) and at the end of the booster sessions (12 months); 325 individuals participated in 1 or both assessments. Additional follow-up for PTSD severity was performed in a subset of participants at 18 and 24 months. **RESULTS:** Although posttreatment assessments of PTSD severity and other measures were significantly improved from baseline, intention-to-treat analyses found no overall differences between therapy groups on any outcome. Analyses of data from participants who received an adequate dose of treatment suggested that trauma-focused group therapy reduced avoidance and numbing and, possibly, PTSD symptoms. Dropout from treatment was higher in trauma-focused group treatment. Average improvement was modest in both treatments, although approximately 40% of participants showed clinically significant change. **CONCLUSIONS:** This study did not find a treatment effect for trauma-focused group therapy. The difference between the effectiveness and adequate dose findings suggests the possible value of methods to enhance the delivery of cognitive-behavioral treatments in clinical practice settings.

Publication Types:
Clinical Trial
Multicenter Study
Randomized Controlled Trial

PMID: 12742869 [PubMed - indexed for MEDLINE]

2: Disaster Manag Response. 2003 Apr-Jun;1(2):46-51.

Critical incident stress debriefing: implications for best practice.

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Critical incidents disrupt people's lives by creating strong emotional reactions, which may range from normal stress reactions to post-traumatic stress disorders. Critical incident stress debriefing (CISD) has been used since 1983 as a component of Critical Incident Stress Management. The processes are intended to help individuals manage their normal stress reactions to abnormal events. Although used extensively, research findings to date yield mixed results. Meta-analyses of research studies are reviewed to identify the methods, results, strengths, and weaknesses of the studies that can be used for evidence-based practice.

Publication Types:
Review
Review, Tutorial

PMID: 12704320 [PubMed - indexed for MEDLINE]

3: J Consult Clin Psychol. 2003 Apr;71(2):410-4.

PTSD treatment and 5-year remission among patients with substance use and posttraumatic stress disorders.

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Given the high prevalence of comorbid substance use and posttraumatic stress disorders (SUD-PTSD), how to best treat these patients is a pressing concern for SUD providers. PTSD treatment may play an important role in patients' recovery. One hundred male SUD-PTSD patients who attended SUD treatment completed 1-, 2-, and 5-year follow-ups. Outpatient treatment information was gathered from Veterans Affairs databases. PTSD treatment and 12-Step group attendance in the 1st year predicted 5-year SUD remission. Patients who received PTSD treatment in the first 3 months following discharge and those who received treatment for a

longer duration in Year 1 were more likely to be remitted in Year 5. The receipt of PTSD-focused treatment immediately after SUD treatment may enhance long-term remission.

PMID: 12699036 [PubMed - indexed for MEDLINE]

4: J Nerv Ment Dis. 2003 Apr;191(4):261-2.

Twenty-four-hour urine cortisol in combat veterans with PTSD and comorbid borderline personality disorder.

Southwick SM, Axelrod SR, Wang S, Yehuda R, Morgan CA 3rd, Charney D, Rosenheck R, Mason JW.

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PMID: 12695738 [PubMed - indexed for MEDLINE]

5: Disaster Manag Response. 2002 Sep;;10-4.

Overview of post-traumatic stress.

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The purpose of this article is to provide an overview of the acute stress response with additional information on post-traumatic stress. There is an emphasis on the theoretical foundations and post-traumatic stress disorder symptoms. Risk factors, symptom clusters, and the diagnostic criteria for post-traumatic stress disorder are described as a foundation for clinical implications and a focused nursing assessment.

Publication Types:

Review

Review, Tutorial

PMID: 12685460 [PubMed - indexed for MEDLINE]

6: J Trauma Stress. 2003 Feb;16(1):5-16.

Posttraumatic stress disorder and treatment seeking in a national screening sample.

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The behavioral model of service use was employed to identify predictors of mental health treatment seeking and treatment readiness among individual with PTSD (N = 2,713) in data from the 1996 National Anxiety Disorders Screening Day (NADSD). This model examines the contribution of predisposing (age, sex, marital status, race/ethnicity, education), enabling (employment, geographic location), perceived need (interference of symptoms with daily life), and evaluated need (other diagnoses) factors to treatment seeking and treatment readiness for individuals with PTSD. Results indicate that although need factors (interference by anxiety symptoms with daily life, diagnosis of panic disorder) are related to both receiving and readiness for treatment, predisposing (age, marital status, minority race) factors influence which individuals receive treatment for PTSD.

PMID: 12602647 [PubMed - indexed for MEDLINE]

7: Psychiatry Res. 2002 Dec 30;113(3):303-7.

Sentence completion test in combat veterans with and without PTSD: preliminary findings.

Kimble MO, Kaufman ML, Leonard LL, Nestor PG, Riggs DS, Kaloupek DG, Bachrach P.

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This study used a sentence completion task to assess semantic choice in combat veterans. Twenty-eight combat veterans with (n=14) and without (n=14) posttraumatic stress disorder (PTSD) filled in the final word for 33 incomplete sentences after receiving a combat prime. The veterans with PTSD completed sentences with significantly more trauma-relevant final words than those without PTSD. Findings are interpreted with respect to current language models and information-processing theories of PTSD.

PMID: 12559486 [PubMed - indexed for MEDLINE]

8: Ann Pharmacother. 2002 Dec;36(12):1875-8.

Quetiapine therapy for posttraumatic stress disorder.

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OBJECTIVE: To report a case of improvement in posttraumatic stress disorder (PTSD) after adjunctive therapy with quetiapine. CASE SUMMARY: A 49-year-old

white man witnessed a traumatic event and experienced severe PTSD. He was started on paroxetine, with increases in dosage and no significant improvement. Quetiapine was added to his regimen, with increased doses resulting in improvement of PTSD symptoms, both clinically and as measured on the Hamilton-D rating scale for depression and the clinician-administered PTSD screen.

DISCUSSION: This is the first case published in the English language literature describing improvement in PTSD symptoms after treatment with quetiapine. There are several treatment options for PTSD, but some severe cases may require treatment with antipsychotic medications. Because of the lower risks of serious adverse effects, the newer atypical antipsychotics are much safer than the older antipsychotics. Although use of risperidone and olanzapine in the successful treatment of PTSD has been reported in the literature, there are no reports of quetiapine use in this clinical condition. CONCLUSIONS: Quetiapine appeared to improve clinical signs and symptoms of PTSD in this patient. It may be a treatment option in other severe cases of PTSD.

PMID: 12452747 [PubMed - indexed for MEDLINE]